


FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000925 (9)**

CONCH COALITION, INC.



Principal Place of Business <b>P.O. BOX 501785 MARATHON FL 33050-1785</b>		Mailing Address <b>P.O. BOX 501785 MARATHON FL 33050-1785</b>		3. Date Incorporated or Qualified <b>12/18/1992</b>
		4. FEI Number <b>65-0402651</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>22</b> City & State	<b>27</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>23</b> Zip	<b>25</b> Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>24</b> Zip	<b>25</b> Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLS, MICHELE  
3880 GOLFVIEW AVE  
MARATHON FL**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YEIDER, DAN</b>	1.2 NAME	
STREET ADDRESS	<b>617 51ST ST GULF</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARATHON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAPLIN, BETTEYE</b>	2.2 NAME	
STREET ADDRESS	<b>5190 OVERSEAS HWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARATHON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>USHER, MICHELE</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1094 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARATHON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAYETTE, CLARA</b>	4.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>5190 OVERSEAS HWY</b>	4.3 STREET ADDRESS	<b>Barbara Damon</b>
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	4.4 CITY-ST-ZIP	<b>32723 Tortuga Lane</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEDDERN, GAIL</b>	5.2 NAME	
STREET ADDRESS	<b>156 DOVE LN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVERNIER FL 33070</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OVERBECH, HAL</b>	6.2 NAME	
STREET ADDRESS	<b>RANGER AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Bettye Chaplin* **BETTYE CHAPLIN 4/23/98 305.743.9424**

CR2E037 (10/97)